

VOLUME 1

APPENDIX C Exhibit 3

CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: OXFORD WEST TEL CO

Signature of Authorized Officer: Dawna Hannan

Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Dawna Hannan

Title or position of Authorized Officer: Director Regulatory Affairs

Telephone number of Authorized Officer: 207-333-3455

Study Area Code of Reporting Carrier

100002

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LINCOLNVILLE NETWRKS					
Signature of Authorized Officer: Shirley Manning				<small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@intelco.net,O=lincolnvillenetwrks,l= , Date:5/15/2014</small>	
Date: 5/15/2014					
Printed name of Authorized Officer: Shirley Manning					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 207-563-9941					
Study Area Code of Reporting Carrier	100003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: OXFORD COUNTY TEL

Signature of Authorized Officer: Dawna Hannan

Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Dawna Hannan

Title or position of Authorized Officer: Director Regulatory Affairs

Telephone number of Authorized Officer: 207-333-3455

Study Area Code of Reporting Carrier

100019

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PINE TREE TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,lc= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Dennis Andrews**

Title or position of Authorized Officer: **Sr Vice President**

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

100020

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: SACO RIVER TEL LLC

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc,lc= , Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Dennis Andrews

Title or position of Authorized Officer: Sr Vice President

Telephone number of Authorized Officer: 256-586-1420

Study Area Code of Reporting Carrier

100022

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Union River Telephone Company			
Signature of Authorized Officer <i>William S. Silsby, Jr.</i>			Date 05/16/2014
Printed name of Authorized Officer William S. Silsby, Jr.			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (207) 584-9911 , ext.			
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **UNITEL, INC.**

Signature of Authorized Officer: **Laurie Osgood**

Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Laurie Osgood**

Title or position of Authorized Officer: **CEO/President**

Telephone number of Authorized Officer: **207-948-9952**

Study Area Code of Reporting Carrier

100029

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MID-MAINE TELECOM

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Dennis Andrews

Title or position of Authorized Officer: Sr Vice President

Telephone number of Authorized Officer: 256-586-1420

Study Area Code of Reporting Carrier

103315

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MID-MAINE TELECOM					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom, = , Date:10/30/2014</small>	
Date: 10/30/2014					
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MID-MAINE TELECOM					
Signature of Authorized Officer: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom, Date:12/19/2014</small>	
Date: 12/19/2014					
Printed name of Authorized Officer: Dennis Andrews					
Title or position of Authorized Officer: Sr Vice President					
Telephone number of Authorized Officer: 256-586-1420					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GRANBY TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Dennis Andrews**

Title or position of Authorized Officer: **Sr Vice President**

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

110036

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: RICHMOND TEL CO

Signature of Authorized Officer: Richard Drake Jr.

Digitally signed by Richard Drake Jr. DN:cn=Richard Drake Jr.,email=rdrake@cstel.com,O=richmond tel co,l=Troy NY 12180, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Richard Drake Jr.

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 518-328-0336

Study Area Code of Reporting Carrier

110037

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier		Bretton Woods Telephone Company, Inc.	
Signature of Authorized Officer		Date 5/15/2014	
Printed name of Authorized Officer		Art Nicholson	
Title or position of Authorized Officer		V.P. Operations	
Telephone number of Authorized Officer: (603) 278-9911 ext.			
Study Area Code of Reporting Carrier	120038	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GRANITE STATE TEL**

Signature of Authorized Officer: **Susan King**

Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Susan King**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **603-529-9941**

Study Area Code of Reporting Carrier

120039

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DIXVILLE TEL CO**

Signature of Authorized Officer: **Ann Walsh**

Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Ann Walsh**

Title or position of Authorized Officer: **Assistant Secretary**

Telephone number of Authorized Officer: **781-402-1731**

Study Area Code of Reporting Carrier

120042

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DUNBARTON TEL CO**

Signature of Authorized Officer: **David Montgomery**

Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **David Montgomery**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **603-774-9911**

Study Area Code of Reporting Carrier

120043

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FRANKLIN TEL CO - VT**

Signature of Authorized Officer: **Kimberly Gates Maynard**

Digitally signed by Kimberly Gates Maynard
 DN:cn=Kimberly Gates
 Maynard,email=ftc@franklinvt.net,O=franklin tel co -
 vt,l=Franklin VT 05457, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Kimberly Gates Maynard**

Title or position of Authorized Officer: **Treasurer**

Telephone number of Authorized Officer: **802-285-9911**

Study Area Code of Reporting Carrier

140053

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SHOREHAM TEL.**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l=, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Dennis Andrews**

Title or position of Authorized Officer: **Sr Vice President**

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

140064

Filing Due Date for this form (mm/dd/yyyy)

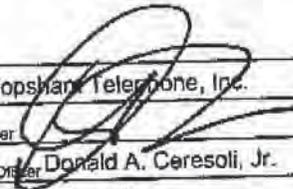
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Topsham Telephone, Inc.

Signature of Authorized Officer 

Date 5/20/14

Printed name of Authorized Officer Donald A. Ceresoli, Jr.

Title or position of Authorized Officer President

Telephone number of Authorized Officer: 315-324-5911, ext.

Study Area Code of Reporting Carrier

140068

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WAITSFIELD/FAYSTON**

Signature of Authorized Officer: **Roger Nishi**

Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Roger Nishi**

Title or position of Authorized Officer: **Vice President - Industry Relations**

Telephone number of Authorized Officer: **802-496-8336**

Study Area Code of Reporting Carrier

140069

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: VERMONT TEL. CO-VT

Signature of Authorized Officer: **Fran Stocker**

Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Fran Stocker

Title or position of Authorized Officer: Vice President of Finance

Telephone number of Authorized Officer: 802-885-7745

Study Area Code of Reporting Carrier

147332

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARMSTRONG TEL CO-NY**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l=, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **James Ranko**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

150071

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CASSADAGA TEL CORP

Signature of Authorized Officer: **Bruce Clark**

Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Bruce Clark

Title or position of Authorized Officer: Vice President of Finance

Telephone number of Authorized Officer: 716-673-3083

Study Area Code of Reporting Carrier

150076

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CHAMPLAIN TEL CO

Signature of Authorized Officer: Mark Webster

Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,lc=Champlain NY 12919, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Mark Webster

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 518-298-2480

Study Area Code of Reporting Carrier

150077

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier CHAZY AND WESTPORT TELEPHONE CORPORATION			
Signature of Authorized Officer <i>James P. Forcier</i>			Date 5/12/2014
Printed name of Authorized Officer JAMES P. FORCIER			
Title or position of Authorized Officer PRESIDENT			
Telephone number of Authorized Officer: (518) 962-8211, ext.			
Study Area Code of Reporting Carrier	150079	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Citizens Telephone Company, Inc.	
Signature of Authorized Officer		Date 5/20/14	
Printed name of Authorized Officer		Donald A. Ceresoli, Jr.	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: 315-324-5911, ext.			
Study Area Code of Reporting Carrier	150081	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CROWN POINT TEL CORP

Signature of Authorized Officer: Shana Macey

Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,l=Crown Point NY 12928, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Shana Macey

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 518-597-3300

Study Area Code of Reporting Carrier

150085

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DELHI TEL CO**

Signature of Authorized Officer: **Jason Miller**

Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Jason Miller**

Title or position of Authorized Officer: **Vice President/Treasurer**

Telephone number of Authorized Officer: **607-746-1524**

Study Area Code of Reporting Carrier

150088

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DUNKIRK & FREDONIA**

Signature of Authorized Officer: **Bruce Clark**

Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Bruce Clark**

Title or position of Authorized Officer: **Vice President of Finance**

Telephone number of Authorized Officer: **716-673-3083**

Study Area Code of Reporting Carrier

150091

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **EMPIRE TEL CORP**

Signature of Authorized Officer: **Tom Prestigiaco**

Digitally signed by Tom Prestigiaco DN:cn=Tom Prestigiaco,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Tom Prestigiaco**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **607-522-4237**

Study Area Code of Reporting Carrier

150093

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FISHERS ISLAND TEL**

Signature of Authorized Officer:

J. Finan

Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **J. Finan**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **631-788-7251**

Study Area Code of Reporting Carrier

150095

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GERMANTOWN TEL CO**

Signature of Authorized Officer: **Bruce Bohnsack**

Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Bruce Bohnsack**

Title or position of Authorized Officer: **President and CEO**

Telephone number of Authorized Officer: **518-537-4835**

Study Area Code of Reporting Carrier

150097

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HANCOCK TEL CO

Signature of Authorized Officer: Robert Wrighter, Jr

Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Robert Wrighter, Jr

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 607-637-9912

Study Area Code of Reporting Carrier

150099

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MARGARETVILLE TEL CO

Signature of Authorized Officer: **Glen Faulkner**

Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Glen Faulkner

Title or position of Authorized Officer: Asst Secretary / Treasurer

Telephone number of Authorized Officer: 845-586-3311

Study Area Code of Reporting Carrier

150104

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MIDDLEBURGH TEL CO

Signature of Authorized Officer: Marjorie Becker

Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, l=Middleburgh NY 12122-0191, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Marjorie Becker

Title or position of Authorized Officer: CEO & General Manager

Telephone number of Authorized Officer: 518-827-5211

Study Area Code of Reporting Carrier

150105

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEWPORT TEL CO					
Signature of Authorized Officer: Joseph Tomaino				Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/12/2014	
Date: 5/12/2014					
Printed name of Authorized Officer: Joseph Tomaino					
Title or position of Authorized Officer: Vice President of Operations					
Telephone number of Authorized Officer: 315-845-8112					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: NICHOLVILLE TEL CO

Signature of Authorized Officer: Jeffrey McGrath

Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Jeffrey McGrath

Title or position of Authorized Officer: Vice President/CIO

Telephone number of Authorized Officer: 315-328-5333

Study Area Code of Reporting Carrier

150108

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ONEIDA COUNTY RURAL

Signature of Authorized Officer: **Thomas Ellis**

Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Thomas Ellis

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 315-624-2000

Study Area Code of Reporting Carrier

150111

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ONTARIO TEL CO, INC.**

Signature of Authorized Officer: **Sean Socha**

Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Sean Socha**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **585-433-6666**

Study Area Code of Reporting Carrier

150112

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer: **Tammy Krisher**

Digitally signed by Tammy Krisher DN:cn=Tammy Krisher, email=tkrisher@ptconnect.net, O=pattersonville tel, l=Rotterdam Junc NY 12150, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Tammy Krisher**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **518-887-2121**

Study Area Code of Reporting Carrier

150116

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: STATE TEL CO

Signature of Authorized Officer: Mark Evans

Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Mark Evans

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 518-731-6128

Study Area Code of Reporting Carrier

150125

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TRUMANSBURG TEL CO.**

Signature of Authorized Officer: **Sean Socha**

Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Sean Socha**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **585-433-6666**

Study Area Code of Reporting Carrier

150131

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <u>Alteva of Warwick LLC</u>			
Signature of Authorized Officer <u>Jennifer M Brown</u>		Date <u>5/16/2014</u>	
Printed name of Authorized Officer <u>Jennifer M Brown</u>			
Title or position of Authorized Officer <u>Corporate Secretary, Executive VP and Chief Administrative Officer</u>			
Telephone number of Authorized Officer: <u>667-234-7300 ext. 1</u>			
Study Area Code of Reporting Carrier	<u>150135</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Altera of Warwick LLC		
Signature of Authorized Officer	<i>Jennifer M Brown</i>	Date	5/16/2014
Printed name of Authorized Officer	Jennifer M Brown		
Title or position of Authorized Officer	Corporate Secretary, Executive VP and Chief Administrative Officer		
Telephone number of Authorized Officer:	262234-7300 ext.		
Study Area Code of Reporting Carrier	160/35	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CITIZENS - KECKSBURG**

Signature of Authorized Officer: **Dennis Cutrell**

Digitally signed by Dennis Cutrell DN:cn=Dennis Cutrell,email=telco@wpa.net,O=citizens - kecksburg,l=Mammoth PA 15664-0156, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Dennis Cutrell**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **724-424-4444**

Study Area Code of Reporting Carrier

170156

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: HICKORY TEL CO					
Signature of Authorized Officer: Grier Adamson				<small>Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/14/2014</small> Date: 5/14/2014	
Printed name of Authorized Officer: Grier Adamson					
Title or position of Authorized Officer: CEO/Treasurer					
Telephone number of Authorized Officer: 724-356-2211					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **LACKAWAXEN TELECOM**

Signature of Authorized Officer: **Deborah Szmyd**

Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Deborah Szmyd**

Title or position of Authorized Officer: **Secretary/Treasurer**

Telephone number of Authorized Officer: **570-685-1096**

Study Area Code of Reporting Carrier

170177

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Laurel Highland Telephone Company			
Signature of Authorized Officer <i>James J. Kail</i>			Date 05/16/2014
Printed name of Authorized Officer James J. Kail			
Title or position of Authorized Officer President/CEO			
Telephone number of Authorized Officer: (724) 593-2411 ext.			
Study Area Code of Reporting Carrier	170179	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARMSTRONG TEL CO-PA**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,lf=, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **James Ranko**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

170189

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH-EASTERN PA TEL					
Signature of Authorized Officer: Thomas Mendicino				Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer: Thomas Mendicino					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 570-785-2210					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTH PENN TEL CO**

Signature of Authorized Officer: **Tom Prestigiaco**

Digitally signed by Tom Prestigiaco DN:cn=Tom Prestigiaco,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Tom Prestigiaco**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **607-522-4237**

Study Area Code of Reporting Carrier

170192

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARMSTRONG TEL NORTH**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north,lc=, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **James Ranko**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

170195

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: PALMERTON TEL CO

Signature of Authorized Officer: **Thomas Lager**

Digitally signed by Thomas Lager DN:cn=Thomas Lager,email=tlager@ptelco.com,O=palmerton tel co,l=Palmerton PA 18071, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Thomas Lager

Title or position of Authorized Officer: Vice President of Operations

Telephone number of Authorized Officer: 610-826-9272

Study Area Code of Reporting Carrier

170196

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: PENNSYLVANIA TEL CO

Signature of Authorized Officer: **Mary Davis**

Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Mary Davis

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 570-745-7101

Study Area Code of Reporting Carrier

170197

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: PYMATUNING IND TEL

Signature of Authorized Officer: **Deborah Nobles**

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Deborah Nobles

Title or position of Authorized Officer: VP Regulatory Affairs

Telephone number of Authorized Officer: 904-688-0029

Study Area Code of Reporting Carrier

170200

Filing Due Date for this form (mm/dd/yyyy)

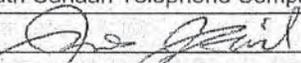
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

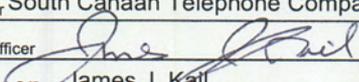
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				South Canaan Telephone Company	
Signature of Authorized Officer			Date		
			05/16/2014		
Printed name of Authorized Officer					
James J. Kail					
Title or position of Authorized Officer					
President/CEO					
Telephone number of Authorized Officer: (724) 593-2411 ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)			
170205		6/16/2014			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				South Canaan Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer			James J. Kall		
Title or position of Authorized Officer			President & CEO		
Telephone number of Authorized Officer:			(724) 593-2411 ext.		
Study Area Code of Reporting Carrier		170205	Filing Due Date for this form (mm/dd/yyyy)	11/14/14	November 2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: VENUS TEL CORP

Signature of Authorized Officer: **Janice Kline**

Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,I=Venus PA 16364, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Janice Kline

Title or position of Authorized Officer: General Manager and Asst. Sec/Treas.

Telephone number of Authorized Officer: 814-354-6400

Study Area Code of Reporting Carrier

170210

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Yukon-Waltz Telephone Company			
Signature of Authorized Officer 			Date 05/16/2014
Printed name of Authorized Officer James J. Kall			
Title or position of Authorized Officer President/CEO			
Telephone number of Authorized Officer: (724) 593-2411 , ext.			
Study Area Code of Reporting Carrier	170215	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: WEST SIDE TEL CO-PA

Signature of Authorized Officer: **John Ludenia**

Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: John Ludenia

Title or position of Authorized Officer: V.P. Operations, General manager

Telephone number of Authorized Officer: 304-983-8642

Study Area Code of Reporting Carrier

170277

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARMSTRONG TEL OF MD**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,lf=, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **James Ranko**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

180216

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Buggs Island Telephone Cooperative			
Signature of Authorized Officer <i>Jerry Jones</i>			Date 5-20-14
Printed name of Authorized Officer Jerry Jones			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (434) 636-2274 ext.			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

Transmittal No. 1423

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BURKE'S GARDEN TEL**

Signature of Authorized Officer: **Missy Lynch**

Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtdco.net,O=burke's garden tel, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Missy Lynch**

Title or position of Authorized Officer: **Office Manager/Secretary**

Telephone number of Authorized Officer: **276-472-2345**

Study Area Code of Reporting Carrier

190220

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CITIZENS TEL COOP**

Signature of Authorized Officer: **Greg Sapp**

Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Greg Sapp**

Title or position of Authorized Officer: **CEO & General Manager**

Telephone number of Authorized Officer: **540-745-2111**

Study Area Code of Reporting Carrier

190225

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **HIGHLAND TEL COOP**

Signature of Authorized Officer: **Ruth Newman**

Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Ruth Newman**

Title or position of Authorized Officer: **Co-General Manager/Secretary**

Telephone number of Authorized Officer: **540-468-2131**

Study Area Code of Reporting Carrier

190237

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MGW TEL. CO. INC.**

Signature of Authorized Officer: **Sheri Smith**

Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc., Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Sheri Smith**

Title or position of Authorized Officer: **Treasurer**

Telephone number of Authorized Officer: **540-925-5235**

Study Area Code of Reporting Carrier

190238

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NEW HOPE TEL COOP**

Signature of Authorized Officer: **Laurie Hensley**

Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,I=New Hope VA 24469, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Laurie Hensley**

Title or position of Authorized Officer: **Secretary-Treasurer**

Telephone number of Authorized Officer: **540-363-6277**

Study Area Code of Reporting Carrier

190239

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NEW HOPE TEL COOP					
Signature of Authorized Officer: Laurie Hensley				<small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,I=New Hope VA 24469, Date:12/17/2014</small>	
Date: 12/17/2014					
Printed name of Authorized Officer: Laurie Hensley					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 540-363-6277					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Pembroke Telephone Cooperative	
Signature of Authorized Officer	<i>Leon A. Law</i>	Date	5-16-14
Printed name of Authorized Officer		Leon A. Law	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (540) 626-7111 ext.			
Study Area Code of Reporting Carrier	190243	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SCOTT COUNTY COOP**

Signature of Authorized Officer: **Daniel Odom**

Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Daniel Odom**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **276-452-7224**

Study Area Code of Reporting Carrier

190248

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: LUMOS TEL. BOTETOURT

Signature of Authorized Officer: **Mary McDermott**

Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,I=Waynesboro VA 22980, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Mary McDermott

Title or position of Authorized Officer: Senior VP, Legal and Regulatory Affairs

Telephone number of Authorized Officer: 540-946-8677

Study Area Code of Reporting Carrier

190249

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **LUMOS TEL. BOTETOURT**

Signature of Authorized Officer: **Mary McDermott**

Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,I=Waynesboro VA 22980, Date:11/5/2014

Date: **11/5/2014**

Printed name of Authorized Officer: **Mary McDermott**

Title or position of Authorized Officer: **Senior VP, Legal and Regulatory Affairs**

Telephone number of Authorized Officer: **540-946-8677**

Study Area Code of Reporting Carrier

190249

Filing Due Date for this form
(mm/dd/yyyy)

11/14/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: LUMOS TEL. BOTETOURT					
Signature of Authorized Officer: Mary McDermott				<small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,I=Waynesboro VA 22980, Date:12/26/2014</small>	
Date: 12/26/2014					
Printed name of Authorized Officer: Mary McDermott					
Title or position of Authorized Officer: Senior VP, Legal and Regulatory Affairs					
Telephone number of Authorized Officer: 540-946-8677					
Study Area Code of Reporting Carrier	190249		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHENANDOAH TEL CO					
Signature of Authorized Officer: Thomas Reed				Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah tel co, l= , Date: 5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer: Thomas Reed					
Title or position of Authorized Officer: Controller of Financial Reporting					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	190250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SHENANDOAH - NR					
Signature of Authorized Officer: Thomas Reed				Digitally signed by Thomas Reed DN: cn=Thomas Reed, email=thomas.reed@emp.shentel.com, O=shenandoah - nr, Date: 5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer: Thomas Reed					
Title or position of Authorized Officer: Controller of Financial Reporting					
Telephone number of Authorized Officer: 540-984-5295					
Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARMSTRONG OF WV**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **James Ranko**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

200256

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SPRUCE KNOB SENECA**

Signature of Authorized Officer: **Vickie Colaw**

Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Vickie Colaw**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **304-567-2121**

Study Area Code of Reporting Carrier

200257

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WAR TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Dennis Andrews**

Title or position of Authorized Officer: **Sr Vice President**

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

200258

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WAR TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,lc= , Date:10/28/2014

Date: **10/28/2014**

Printed name of Authorized Officer: **Dennis Andrews**

Title or position of Authorized Officer: **Sr Vice President**

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

200258

Filing Due Date for this form (mm/dd/yyyy)

11/14/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **HARDY TELECOM**

Signature of Authorized Officer: **Scott Sherman**

Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Scott Sherman**

Title or position of Authorized Officer: **General Manager & CEO**

Telephone number of Authorized Officer: **304-897-9911**

Study Area Code of Reporting Carrier

200259

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARMSTRONG TEL. CO.**

Signature of Authorized Officer: **James Ranko**

Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **James Ranko**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **724-283-0925**

Study Area Code of Reporting Carrier

200267

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: WEST SIDE TEL-WV

Signature of Authorized Officer: John Ludenia

Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: John Ludenia

Title or position of Authorized Officer: V.P. Operations, General manager

Telephone number of Authorized Officer: 304-983-8642

Study Area Code of Reporting Carrier

200277

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ITS TELECOMM. SYS.

Signature of Authorized Officer: Don Pittman

Digitally signed by Don Pittman DN:cn=Don Pittman,email=donp@itstelecom.net,O=its telecomm.sys.,l=Indiantown FL 34956, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Don Pittman

Title or position of Authorized Officer: Vice President/CFO

Telephone number of Authorized Officer: 772-597-3767

Study Area Code of Reporting Carrier

210331

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTHEAST FLORIDA**

Signature of Authorized Officer: **Deborah Nobles**

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida, , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Deborah Nobles**

Title or position of Authorized Officer: **VP Regulatory Affairs**

Telephone number of Authorized Officer: **904-688-0029**

Study Area Code of Reporting Carrier

210335

Filing Due Date for this form
(mm/dd/yyyy)

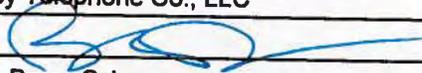
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Valley Telephone Co., LLC	
Signature of Authorized Officer					
Printed name of Authorized Officer			Bruce Schoonover		
Date			5/9/2014		
Title or position of Authorized Officer				Vice-President Regulatory Compliance	
Telephone number of Authorized Officer:				(706) 645-8116 ext.	
Study Area Code of Reporting Carrier		220324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ALMA TEL CO**

Signature of Authorized Officer: **Kevin Brooks**

Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Kevin Brooks**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **912-632-8603**

Study Area Code of Reporting Carrier

220344

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BRANTLEY TEL CO					
Signature of Authorized Officer: Donovan Strickland				Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer: Donovan Strickland					
Title or position of Authorized Officer: Vice President/General Manager					
Telephone number of Authorized Officer: 912-462-5111					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BULLOCH COUNTY RURAL**

Signature of Authorized Officer: **John Scott**

Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural,l= , Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **John Scott**

Title or position of Authorized Officer: **General Manager/COO**

Telephone number of Authorized Officer: **912-865-1100**

Study Area Code of Reporting Carrier

220348

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CHICKAMAUGA TEL CORP**

Signature of Authorized Officer: **Charles Fail**

Digitally signed by Charles Fail DN:cn=Charles Fail,email=charliefail@nexband.com,O=chickamauga tel corp,l=Bay Springs MS 39422, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Charles Fail**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **601-764-3463**

Study Area Code of Reporting Carrier

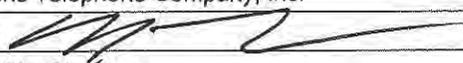
220354

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier: Citizens Telephone Company, Inc.			
Signature of Authorized Officer: 			Date: 5/8/2014
Printed name of Authorized Officer: Chad Ledger			
Title or position of Authorized Officer: General Manager			
Telephone number of Authorized Officer: (229) 874-4145 ext.			
Study Area Code of Reporting Carrier	220355	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Darien Telephone Co., Inc.			
Signature of Authorized Officer <i>Mary Lou Forsyth</i>			Date 5-9-2014
Printed name of Authorized Officer Mary Lou Forsyth			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (912) 437-6611 , ext.			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GLENWOOD TEL CO**

Signature of Authorized Officer: **Janice O'Brien**

Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Janice O'Brien**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **912-523-5111**

Study Area Code of Reporting Carrier

220365

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Hart Telephone Company			
Signature of Authorized Officer: <i>Randy Daniel</i>		Date: 05/08/2014	
Printed name of Authorized Officer: Randy Daniel			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: (706) 376-4701 ext.			
Study Area Code of Reporting Carrier	220368	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				ComSouth Telecommunications, Inc.			
Signature of Authorized Officer							
Date						05/19/2014	
Printed name of Authorized Officer				Scott Obert-Thorn			
Title or position of Authorized Officer				CFO			
Telephone number of Authorized Officer				(478) 783-4001 ext.			
Study Area Code of Reporting Carrier		220369		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PEMBROKE TEL CO**

Signature of Authorized Officer: **Mary Anna Hite**

Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Mary Anna Hite**

Title or position of Authorized Officer: **Secretary-Treasurer/General Manager**

Telephone number of Authorized Officer: **912-653-4389**

Study Area Code of Reporting Carrier

220376

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Pineland Telephone Cooperative, Inc.					
Signature of Authorized Officer			<i>[Handwritten Signature]</i>			Date		5/8/14	
Printed name of Authorized Officer				Dustin Darden					
Title or position of Authorized Officer				Executive VP					
Telephone number of Authorized Officer:				912 685 2141 ext.					
Study Area Code of Reporting Carrier		220377		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014			

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PLANTERS RURAL COOP					
Signature of Authorized Officer: John Lacienski				Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,i=Newington GA 30446, Date:5/16/2014	
Date: 5/16/2014					
Printed name of Authorized Officer: John Lacienski					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-857-4411					
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier PLANT TELEPHONE COMPANY			
Signature of Authorized Officer <i>Danny E. Sterling</i>			Date 05/08/2014
Printed name of Authorized Officer DANNY E. STERLING			
Title or position of Authorized Officer PRESIDENT & GENERAL MANAGER			
Telephone number of Authorized Officer: (229) 528-4777 , ext.			
Study Area Code of Reporting Carrier	220379	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PROGRESSIVE RURAL**

Signature of Authorized Officer: **Wayne Dixon**

Digitally signed by Wayne Dixon DN:cn=Wayne Dixon,email=swdixon@progressivetel.com,O=progressive rural,l=Rentz GA 31075, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Wayne Dixon**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **478-984-4201**

Study Area Code of Reporting Carrier

220380

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Public Service Telephone Company	
Signature of Authorized Officer		Date 05/15/14	
Printed name of Authorized Officer		James L. Bond	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (478) 847-4111 ext. 6520			
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Ringgold Telephone Company			
Signature of Authorized Officer: <i>Lisa K. Dukes</i>			Date: 5/12/2014
Printed name of Authorized Officer: Lisa K. Dukes			
Title or position of Authorized Officer: Chief Financial Officer			
Telephone number of Authorized Officer: (796) 965-2345 ext.			
Study Area Code of Reporting Carrier: 220382	Filing Due Date for this form (mm/dd/yyyy): 6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TRENTON TEL CO**

Signature of Authorized Officer: **Steven Tatum**

Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Steven Tatum**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **706-657-4367**

Study Area Code of Reporting Carrier

220389

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WAVERLY HALL, LLC**

Signature of Authorized Officer: **Robert Jones**

Digitally signed by Robert Jones DN:cn=Robert Jones,email=rjones@wavetel.us,O=Waverly Hall, llc,l=Waverly Hall GA 31831, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Robert Jones**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **706-582-3333**

Study Area Code of Reporting Carrier

220392

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WILKES TEL & ELC CO**

Signature of Authorized Officer: **George Dyson**

Digitally signed by George Dyson DN:cn=George Dyson,email=gad@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **George Dyson**

Title or position of Authorized Officer: **President/Owner**

Telephone number of Authorized Officer: **706-678-9544**

Study Area Code of Reporting Carrier

220394

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Ellerbe Telephone Company			
Signature of Authorized Officer <i>Jeffrey W Long</i>			Date 5/19/2014
Printed name of Authorized Officer Jeffrey W Long			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (910) 652-2221 , ext.			
Study Area Code of Reporting Carrier	230478	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier North State Telephone Company dba North State Communications</p>			
<p>Signature of Authorized Officer <i>Lynn B. Welborn</i></p>			<p>Date 05/20/14</p>
<p>Printed name of Authorized Officer Lynn B. Welborn</p>			
<p>Title or position of Authorized Officer Vice President - Administration</p>			
<p>Telephone number of Authorized Officer: (336) 886-3766, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>230491</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Town of Pineville dba Pineville Telephone CO					
Signature of Authorized Officer			Gary W. Creech			Date		5-20-14	
Printed name of Authorized Officer				Gary W. Creech					
Title or position of Authorized Officer				General Manager					
Telephone number of Authorized Officer:				(704) 884-2000 ext.					
Study Area Code of Reporting Carrier		230494		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>									

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Randolph Telephone Membership Corporation**

Signature of Authorized Officer *Frankie L. Cagle* Date **05/15/2014**

Printed name of Authorized Officer **Frankie L. Cagle**

Title or position of Authorized Officer **CEO/General Manager**

Telephone number of Authorized Officer: **(336) 879-7973** ext.

Study Area Code of Reporting Carrier	230496	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SURRY MEMBERSHIP					
Signature of Authorized Officer: Curtis Taylor				Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer: Curtis Taylor					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 336-374-4535					
Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **STAR MEMBERSHIP CORP**

Signature of Authorized Officer: **Lyman Horne**

Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star membership corp,l=Clinton NC 28328, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Lyman Horne**

Title or position of Authorized Officer: **EVP & General Manager**

Telephone number of Authorized Officer: **910-564-7827**

Study Area Code of Reporting Carrier

230502

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer: **Curtis Taylor**

Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,I=Dobson NC 27017, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Curtis Taylor**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **336-374-4535**

Study Area Code of Reporting Carrier

230503

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

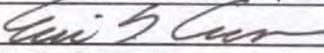
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier TriCounty Telephone Membership Corp			
Signature of Authorized Officer <i>Gregory S. Coltrain</i>			Date 5-19-14
Printed name of Authorized Officer Gregory S Coltrain			
Title or position of Authorized Officer CEO/General Manager			
Telephone number of Authorized Officer: (252) 964-8000, ext.			
Study Area Code of Reporting Carrier	230505	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Wilkes Telephone Membership Corporation			
Signature of Authorized Officer 			Date May 8, 2014
Printed name of Authorized Officer Eric S. Cramer			
Title or position of Authorized Officer Chief Executive Officer / General Manager			
Telephone number of Authorized Officer: (336) 973-3103			
Study Area Code of Reporting Carrier	230510	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: PALMETTO RURAL COOP					
Signature of Authorized Officer: Dewaine Wilson				Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop,l= , Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer: Dewaine Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 843 538-9382					
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Piedmont Rural Telephone Cooperative, Inc.</u>			
Signature of Authorized Officer <u><i>Randal J. Odom</i></u>			Date <u>5-8-14</u>
Printed name of Authorized Officer <u>Randal J. Odom</u>			
Title or position of Authorized Officer <u>Chief Executive Officer</u>			
Telephone number of Authorized Officer: <u>(864) 682-3131</u> ext.			
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PBT TELECOM, INC.**

Signature of Authorized Officer: **L. Spearman**

Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom,inc., Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **L. Spearman**

Title or position of Authorized Officer: **Director of Business Development**

Telephone number of Authorized Officer: **803-894-1104**

Study Area Code of Reporting Carrier

240539

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: SANDHILL TEL COOP

Signature of Authorized Officer: Lee Chambers

Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Lee Chambers

Title or position of Authorized Officer: CEO/Manager

Telephone number of Authorized Officer: 843-658-6379

Study Area Code of Reporting Carrier

240546

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: WEST CAROLINA RURAL

Signature of Authorized Officer: **Jeff Wilson**

Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.net,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Jeff Wilson

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 864-446-9251

Study Area Code of Reporting Carrier

240550

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BLOUNTSVILLE TEL LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,lc= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Dennis Andrews**

Title or position of Authorized Officer: **Sr Vice President**

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

250282

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

4-5

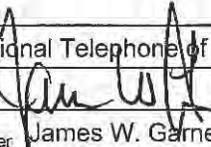
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <i>Castleberry Telephone Co., Inc</i>			
Signature of Authorized Officer <i>Homer Holland</i>			Date <i>5-12-14</i>
Printed name of Authorized Officer <i>Homer Holland</i>			
Title or position of Authorized Officer <i>Sec/Treas</i>			
Telephone number of Authorized Officer <i>(251) 966-2115</i>			
Study Area Code of Reporting Carrier	<i>250285</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				National Telephone of Alabama, Inc.	
Signature of Authorized Officer			Date		
			05/21/2014		
Printed name of Authorized Officer					
James W. Garner					
Title or position of Authorized Officer					
Vice President of Operations					
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		250286		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Farmers Telecommunications Cooperative, Inc.	
Signature of Authorized Officer			<i>Tyler Pair</i>		Date
Printed name of Authorized Officer			Tyler Pair		05/19/2014
Title or position of Authorized Officer			Chief Financial Officer		
Telephone number of Authorized Officer:			(256) 638-2144 ext.		
Study Area Code of Reporting Carrier	250290	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		

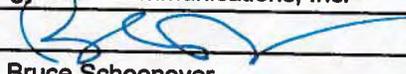
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Knology Total Communications, Inc.**

Signature of Authorized Officer 

Date **5/9/2014**

Printed name of Authorized Officer **Bruce Schoonover**

Title or position of Authorized Officer **Vice-President Regulatory Compliance**

Telephone number of Authorized Officer: **(706) 645-8116** ext.

Study Area Code of Reporting Carrier

250295

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: HAYNEVILLE TEL CO

Signature of Authorized Officer: Evelyn Causey

Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Evelyn Causey

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 334-548-2101

Study Area Code of Reporting Carrier

250299

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **HOPPER TELECOMM. LLC**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Dennis Andrews**

Title or position of Authorized Officer: **Sr Vice President**

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

250300

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MILLRY TEL CO**

Signature of Authorized Officer: **Bobby Williams**

Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Bobby Williams**

Title or position of Authorized Officer: **Vice President and Assistant Secretary**

Telephone number of Authorized Officer: **251-846-2911**

Study Area Code of Reporting Carrier

250304

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MON-CRE TEL COOP**

Signature of Authorized Officer: **Teresa Rich**

Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,i=Ramer AL 36069, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Teresa Rich**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **334-562-3242**

Study Area Code of Reporting Carrier

250305

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MOUNDVILLE TEL CO

Signature of Authorized Officer: **R. Taylor**
Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: R. Taylor

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 205-371-9011

Study Area Code of Reporting Carrier

250307

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier New Hope Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>James D Cook</i>		Date 05/19/2014	
Printed name of Authorized Officer James D Cook			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (256) 723-4211 , ext.			
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PINE BELT TEL CO**

Signature of Authorized Officer: **John Nettles**

Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **John Nettles**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **334-385-2106**

Study Area Code of Reporting Carrier

250315

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **RAGLAND TEL CO**

Signature of Authorized Officer: **Peggy Dickinson**

Digitally signed by Peggy Dickinson DN:cn=Peggy Dickinson,email=peggydickinson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Peggy Dickinson**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **205-472-2141**

Study Area Code of Reporting Carrier

250316

Filing Due Date for this form
(mm/dd/yyyy)

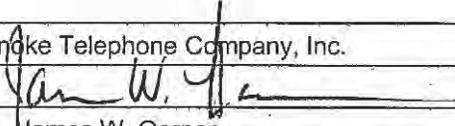
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Roanoke Telephone Company, Inc.	
Signature of Authorized Officer					
Date			05/14/2014		
Printed name of Authorized Officer				James W. Garner	
Title or position of Authorized Officer				Vice President of Operations	
Telephone number of Authorized Officer:				(601) 354-9070 ext.	
Study Area Code of Reporting Carrier		250317	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: UNION SPRINGS TEL CO

Signature of Authorized Officer: **Larry Grogan**

Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Larry Grogan

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 334-738-4400

Study Area Code of Reporting Carrier

250322

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: UNION SPRINGS TEL CO					
Signature of Authorized Officer: Larry Grogan				<small>Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:11/7/2014</small>	
Date: 11/7/2014					
Printed name of Authorized Officer: Larry Grogan					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 334-738-4400					
Study Area Code of Reporting Carrier	250322		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BALLARD RURAL COOP**

Signature of Authorized Officer: **Randy Grogan**

Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,I=La Center KY 42056, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Randy Grogan**

Title or position of Authorized Officer: **CEO/General Manager**

Telephone number of Authorized Officer: **270-665-5186**

Study Area Code of Reporting Carrier

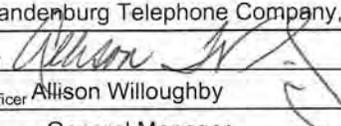
260396

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Brandenburg Telephone Company, Inc.			
Signature of Authorized Officer 			Date
Printed name of Authorized Officer Allison Willoughby			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (270) 422-2121 ext.			
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DUO COUNTY TEL COOP**

Signature of Authorized Officer: **Daryl Hammond**

Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Daryl Hammond**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **270-343-3131**

Study Area Code of Reporting Carrier

260401

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FOOTHILLS RURAL COOP**

Signature of Authorized Officer: **Ruth Conley**

Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Ruth Conley**

Title or position of Authorized Officer: **Chief Executive Officer**

Telephone number of Authorized Officer: **606-297-9131**

Study Area Code of Reporting Carrier

260406

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **LOGAN TEL. COOP. INC**

Signature of Authorized Officer: **Gregory Hale**

Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Gregory Hale**

Title or position of Authorized Officer: **General Manager/Executive V.P.**

Telephone number of Authorized Officer: **270-542-4121**

Study Area Code of Reporting Carrier

260413

Filing Due Date for this form
(mm/dd/yyyy)

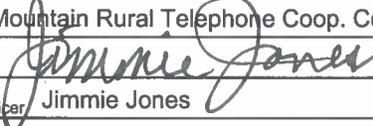
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Mountain Rural Telephone Coop. Corp., Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer			Jimmie Jones		
Date			05/19/2014		
Title or position of Authorized Officer					
President					
Telephone number of Authorized Officer: (606) 743-3121 ext.					
Study Area Code of Reporting Carrier		260414	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PEOPLES RURAL COOP**

Signature of Authorized Officer: **Keith Gabbard**

Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,l=McKee KY 40447, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Keith Gabbard**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **606-287-7101**

Study Area Code of Reporting Carrier

260415

Filing Due Date for this form
(mm/dd/yyyy)

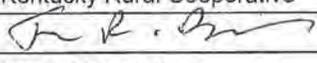
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THACKER/GRIGSBY TEL					
Signature of Authorized Officer: William Grigsby				<small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/12/2014</small>	
Date: 5/12/2014					
Printed name of Authorized Officer: William Grigsby					
Title or position of Authorized Officer: Vice-President/General Manager					
Telephone number of Authorized Officer: 606-785-9500					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier West Kentucky Rural Cooperative			
Signature of Authorized Officer 			Date 05/19/2014
Printed name of Authorized Officer Trevor Bonnstetter			
Title or position of Authorized Officer Chief Executive Officer			
Telephone number of Authorized Officer: (270) 674-1000, ext.			
Study Area Code of Reporting Carrier	260421	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CAMERON TEL CO - LA

Signature of Authorized Officer: **Bruce Petry**

Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Bruce Petry

Title or position of Authorized Officer: President/General Manager

Telephone number of Authorized Officer: 337-583-2092

Study Area Code of Reporting Carrier

270425

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CAMPTI-PLEASANT HILL

Signature of Authorized Officer: **Tom Edens**

Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,i=Natchitoches LA 71457, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Tom Edens

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 318-352-0014

Study Area Code of Reporting Carrier

270426

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Delcambre Telephone Co., LLC	
Signature of Authorized Officer			Date		
<i>Matt LeBlanc</i>			5/8/2014		
Printed name of Authorized Officer				Matt LeBlanc	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer: (337) 685-2311, ext.					
Study Area Code of Reporting Carrier		270428		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ELIZABETH TEL CO

Signature of Authorized Officer: Bruce Petry

Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Bruce Petry

Title or position of Authorized Officer: President/General Manager

Telephone number of Authorized Officer: 337-583-2092

Study Area Code of Reporting Carrier

270430

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Kaplan Telephone Company	
Signature of Authorized Officer		Date 05/13/2014	
Printed name of Authorized Officer		Richard Constantin	
Title or position of Authorized Officer		Controller	
Telephone number of Authorized Officer: (337) 643-7171 ext.			
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **LAFOURCHE TEL CO**

Signature of Authorized Officer: **Peter Louviere**

Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,|Larose LA 70373, Date:5/18/2014

Date: **5/18/2014**

Printed name of Authorized Officer: **Peter Louviere**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **985-693-0265**

Study Area Code of Reporting Carrier

270433

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTHEAST LOUISIANA**

Signature of Authorized Officer: **Mike George**

Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Mike George**

Title or position of Authorized Officer: **President / General Manager**

Telephone number of Authorized Officer: **318-874-7011**

Study Area Code of Reporting Carrier

270435

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: RESERVE TEL CO

Signature of Authorized Officer: **Scott Small**

Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Scott Small

Title or position of Authorized Officer: Vice President/CFO

Telephone number of Authorized Officer: 985-536-1326

Study Area Code of Reporting Carrier

270438

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: RESERVE TEL CO

Signature of Authorized Officer: **Scott Small**

Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:1/6/2015

Date: 1/6/2015

Printed name of Authorized Officer: Scott Small

Title or position of Authorized Officer: Exec. Vice President

Telephone number of Authorized Officer: 985-536-1326

Study Area Code of Reporting Carrier

270438

Filing Due Date for this form (mm/dd/yyyy)

1/16/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: STAR TEL CO

Signature of Authorized Officer: **Rebecca Knighten**

Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Rebecca Knighten

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 225-926-0191

Study Area Code of Reporting Carrier

270441

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

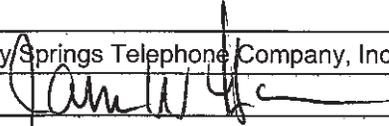
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Bay Springs Telephone Company, Inc.

Signature of Authorized Officer 

Date 05/14/2014

Printed name of Authorized Officer James W. Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer: (601) 354-9070 ext.

Study Area Code of Reporting Carrier

280446

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: BRUCE TEL CO - MS

Signature of Authorized Officer: Charles Fail

Digitally signed by Charles Fail DN:cn=Charles Fail,email=charliefail@nexband.com,O=bruce tel co - ms,l=Bay Springs MS 39422, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Charles Fail

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 601-764-3463

Study Area Code of Reporting Carrier

280447

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DECATUR TEL CO -MS					
Signature of Authorized Officer: Esther Smith				Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer: Esther Smith					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 601-635-2251					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Delta Telephone Co., Inc.	
Signature of Authorized Officer		Date	
		5/15/2014	
Printed name of Authorized Officer			
Brooks Derryberry			
Title or position of Authorized Officer			
Vice President/General Manager			
Telephone number of Authorized Officer: (601) 355-1522 ext.			
Study Area Code of Reporting Carrier	280452	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Franklin Telephone Co., Inc.			
Signature of Authorized Officer: <i>James H. Creekmore Sr.</i>			Date: 5/15/2014
Printed name of Authorized Officer: James H. Creekmore			
Title or position of Authorized Officer: Vice President			
Telephone number of Authorized Officer: (601) 355-1522 ext.			
Study Area Code of Reporting Carrier	280454	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FULTON TEL CO**

Signature of Authorized Officer: **Charles Fail**

Digitally signed by Charles Fail DN:cn=Charles Fail,email=charliefail@nexband.com,O=fulton tel co,l=Bay Springs MS 39422, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Charles Fail**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **601-764-3463**

Study Area Code of Reporting Carrier

280455

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GEORGETOWN TEL CO**

Signature of Authorized Officer: **Joie Miller**

Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Joie Miller**

Title or position of Authorized Officer: **Vice President**

Telephone number of Authorized Officer: **601-858-2211**

Study Area Code of Reporting Carrier

280456

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: LAKESIDE TEL. CO.

Signature of Authorized Officer: Robert Sledge Jr.

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Robert Sledge Jr.

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 662-569-3311

Study Area Code of Reporting Carrier

280457

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NOXAPATER TEL CO**

Signature of Authorized Officer: **John Pearce**

Digitally signed by John Pearce DN:cn=John Pearce,email=jpearce@bayspringstel.net,O=noxapater tel co,l=Bay Springs MS 39422, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **John Pearce**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **601-764-3171**

Study Area Code of Reporting Carrier

280461

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MOUND BAYOU TEL & CO

Signature of Authorized Officer: Charles Fail

Digitally signed by Charles Fail DN:cn=Charles Fail,email=charliefail@nexband.com,O=mound bayou tel & co,l=Bay Springs MS 39422, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Charles Fail

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 601-764-3463

Study Area Code of Reporting Carrier

280462

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SLEDGE TEL CO**

Signature of Authorized Officer: **Robert Sledge Jr.**

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Robert Sledge Jr.**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **662-569-3311**

Study Area Code of Reporting Carrier

280466

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: SMITHVILLE TEL CO

Signature of Authorized Officer: **Roger Thompson**

Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Roger Thompson

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 662-651-4131

Study Area Code of Reporting Carrier

280467

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARDMORE TEL CO**

Signature of Authorized Officer: **Trevor Bonnstetter**

Digitally signed by Trevor Bonnstetter DN:cn=Trevor Bonnstetter,email=tbonn@wk.net,O=ardmore tel co,l=Mayfield KY 42066-0649, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Trevor Bonnstetter**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **270-674-1000**

Study Area Code of Reporting Carrier

290280

Filing Due Date for this form
(mm/dd/yyyy)

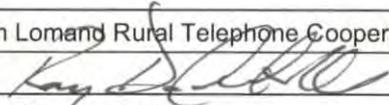
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Ben Lomand Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date		
			5/7/2014		
Printed name of Authorized Officer					
Ray Cantrell					
Title or position of Authorized Officer					
Chief Executive Officer					
Telephone number of Authorized Officer: (931) 668-4131 ext.					
Study Area Code of Reporting Carrier		290553		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

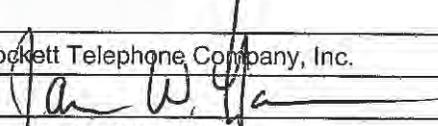
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Bledsoe Telephone Cooperative, Inc.				
Signature of Authorized Officer: <i>John Lee Downey</i>				Date: 5-19-14
Printed name of Authorized Officer: John Lee Downey				
Title or position of Authorized Officer: President				
Telephone number of Authorized Officer: (423) 447-2121 ext.				
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Crockett Telephone Company, Inc.	
Signature of Authorized Officer			Date		
			05/14/2014		
Printed name of Authorized Officer				James W. Garner	
Title or position of Authorized Officer				Vice President of Operations	
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290561	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DEKALB TEL COOP**

Signature of Authorized Officer: **Denise Brown**

Digitally signed by Denise Brown DN:cn=Denise Brown,email=djb54@dtccom.net,O=dekalb tel coop,l=Alexandria TN 37012, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Denise Brown**

Title or position of Authorized Officer: **Controller**

Telephone number of Authorized Officer: **615-464-2218**

Study Area Code of Reporting Carrier

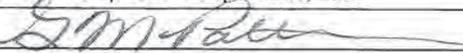
290562

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Highland Telephone Cooperative, Inc.			
Signature of Authorized Officer 			Date 5/20/2014
Printed name of Authorized Officer G Mark Patterson			
Title or position of Authorized Officer Chief Operating Officer / General Manager			
Telephone number of Authorized Officer: (423) 628-2121 , ext.			
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014
<p style="font-size: small;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **LORETTO TEL CO**

Signature of Authorized Officer: **Desda Hutchins**

Digitally signed by Desda Hutchins DN:cn=Desda Hutchins,email=desda@lorettotel.net,O=loretto tel co,l=Loretto TN 38469, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Desda Hutchins**

Title or position of Authorized Officer: **Chief Financial Officer**

Telephone number of Authorized Officer: **931-853-4351**

Study Area Code of Reporting Carrier

290570

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTH CENTRAL COOP					
Signature of Authorized Officer: Johnny McClanahan				Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/9/2014	
Date: 5/9/2014					
Printed name of Authorized Officer: Johnny McClanahan					
Title or position of Authorized Officer: VP Finance and Adm. Services					
Telephone number of Authorized Officer: 615-666-2151					
Study Area Code of Reporting Carrier	290573		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Peoples Telephone Company			
Signature of Authorized Officer <i>James W. Garner</i>			Date 05/14/2014
Printed name of Authorized Officer James W. Garner			
Title or position of Authorized Officer Vice President of Operations			
Telephone number of Authorized Officer: (601) 354-9070 ext.			
Study Area Code of Reporting Carrier	290576	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: TWIN LAKES TEL COOP

Signature of Authorized Officer: Jonathan West

Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Jonathan West

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 931-268-2151

Study Area Code of Reporting Carrier

290579

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: UTC-TN-UNITED COMM

Signature of Authorized Officer: Tommy Welch

Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Tommy Welch

Title or position of Authorized Officer: Finance and Administration Manager

Telephone number of Authorized Officer: 931-364-4324

Study Area Code of Reporting Carrier

290581

Filing Due Date for this form (mm/dd/yyyy)

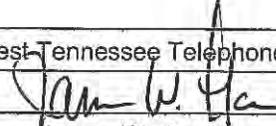
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

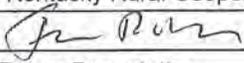
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.	
Signature of Authorized Officer					
Date			05/14/2014		
Printed name of Authorized Officer				James W. Garner	
Title or position of Authorized Officer				Vice President of Operations	
Telephone number of Authorized Officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290583	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier West Kentucky Rural Cooperative - Yorkville			
Signature of Authorized Officer 			Date 05/19/2014
Printed name of Authorized Officer Trevor Bonnstetter			
Title or position of Authorized Officer Chief Executive Officer			
Telephone number of Authorized Officer: (270) 674-1000 ext.			
Study Area Code of Reporting Carrier	290598	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **THE ARTHUR MUTUAL**

Signature of Authorized Officer: **Eric Roughton**

Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Eric Roughton**

Title or position of Authorized Officer: **General Manager/Sec'y/Treasurer**

Telephone number of Authorized Officer: **419-393-2233**

Study Area Code of Reporting Carrier

300586

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: THE ARTHUR MUTUAL					
Signature of Authorized Officer: Eric Roughton				<small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:1/5/2015</small>	
Date: 1/5/2015					
Printed name of Authorized Officer: Eric Roughton					
Title or position of Authorized Officer: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer: 419-393-2233					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	1/16/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **AYERSVILLE TEL CO**

Signature of Authorized Officer: **Phil Maag**

Digitally signed by Phil Maag DN:cnvPhil
 Maag=emailvpmag, ayers@letelco.com=Ovayers@le tel
 co+iv =Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Phil Maag**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **419-395-2222**

Study Area Code of Reporting Carrier

300588

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BASCOM MUTUAL TEL CO**

Signature of Authorized Officer: **Kathy Reinhart**

Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Kathy Reinhart**

Title or position of Authorized Officer: **Assistant General Manager**

Telephone number of Authorized Officer: **419-937-2222**

Study Area Code of Reporting Carrier

300589

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BENTON RIDGE TEL CO**

Signature of Authorized Officer: **Ken Williams**

Digitally signed by Ken Williams DN:cn=Ken Williams,email=ken@watchtv.net,O=benton ridge tel co,l=Benton Ridge OH 45816-0180, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Ken Williams**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **419-859-2144**

Study Area Code of Reporting Carrier

300590

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier BUCKLAND TELEPHONE COMPANY			
Signature of Authorized Officer Douglas G. Place			Date 5/20/14
Printed name of Authorized Officer DOUGLAS G. PLACE			
Title or position of Authorized Officer GENERAL MANAGER			
Telephone number of Authorized Officer: 419.657.2200 ext.			
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: THE CHAMPAIGN TEL CO

Signature of Authorized Officer: **Tiffany Ebersold**

Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Tiffany Ebersold

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 937-653-2263

Study Area Code of Reporting Carrier

300594

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MCCLURE TEL CO**

Signature of Authorized Officer: **Lance Miller**

Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Lance Miller**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **419-748-8032**

Study Area Code of Reporting Carrier

300598

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CONNEAUT TEL CO**

Signature of Authorized Officer: **Deanna Brown**

Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Deanna Brown**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **440-593-7138**

Study Area Code of Reporting Carrier

300606

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DOYLESTOWN TEL CO**

Signature of Authorized Officer: **Thomas Brockman**

Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=doysel@bright.net,O=doylestown tel co,lc=PA, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Thomas Brockman**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **330-658-2121**

Study Area Code of Reporting Carrier

300609

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer: **Cheryl Bostelman**

Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman, email=cbos@fmtc.cc, O=farmers mutual tel, l=Okolona OH 43550, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Cheryl Bostelman**

Title or position of Authorized Officer: **Secretary/General Manager**

Telephone number of Authorized Officer: **419-758-3322**

Study Area Code of Reporting Carrier

300612

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FORT JENNINGS TEL CO**

Signature of Authorized Officer: **Michael Metzger**

Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort_jennings_tel_co,l=Ft. Jennings OH 45844-0146, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Michael Metzger**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **419-286-2181**

Study Area Code of Reporting Carrier

300614

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **GLANDORF TEL CO**

Signature of Authorized Officer: **Linda Heckman**

Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=glantel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Linda Heckman**

Title or position of Authorized Officer: **Manager/Asst.Treasurer**

Telephone number of Authorized Officer: **419-538-6987**

Study Area Code of Reporting Carrier

300619

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **KALIDA TEL CO**

Signature of Authorized Officer: **Chris Phillips**

Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Chris Phillips**

Title or position of Authorized Officer: **Manager**

Telephone number of Authorized Officer: **419-532-3218**

Study Area Code of Reporting Carrier

300625

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: MIDDLE POINT HOME

Signature of Authorized Officer: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier

300633

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **MINFORD TEL CO**

Signature of Authorized Officer: **Paula McGraw**

Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Paula McGraw**

Title or position of Authorized Officer: **General Manager**

Telephone number of Authorized Officer: **740-820-2151**

Study Area Code of Reporting Carrier

300634

Filing Due Date for this form
(mm/dd/yyyy)

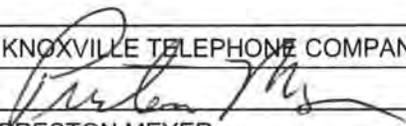
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: NEW KNOXVILLE TELEPHONE COMPANY			
Signature of Authorized Officer: 			Date: 05/21/2014
Printed name of Authorized Officer: PRESTON MEYER			
Title or position of Authorized Officer: GENERAL MANAGER			
Telephone number of Authorized Officer: (419) 753-2457, ext.			
Study Area Code of Reporting Carrier	300639	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: THE NOVA TEL CO

Signature of Authorized Officer: Charles Mattingly

Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=charlie@vncenterprises.com,O=the nova tel co,l=Judson TX 75660, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Charles Mattingly

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 903-452-3258

Study Area Code of Reporting Carrier

300644

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				The Ottoville Mutual Telephone Company	
Signature of Authorized Officer			<i>William J Honigford</i>		Date
Printed name of Authorized Officer			William J Honigford		05/12/2014
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer:			(419) 453-3324 ext.		
Study Area Code of Reporting Carrier	300650	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PATTERSONVILLE TEL**

Signature of Authorized Officer: **Aaron Jones**

Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,l=Carrollton OH 44615, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Aaron Jones**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **330-895-4391**

Study Area Code of Reporting Carrier

300651

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Ridgeville Telephone Company			
Signature of Authorized Officer <i>Matthew Eggers</i>			Date 5/14/2014
Printed name of Authorized Officer Matthew Eggers			
Title or position of Authorized Officer President, Board of Directors			
Telephone number of Authorized Officer: (419) 267-5185 ext.			
Study Area Code of Reporting Carrier	300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SHERWOOD MUTUAL TEL**

Signature of Authorized Officer: **Lynn Bergman**

Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel,l=Sherwood OH 43556, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Lynn Bergman**

Title or position of Authorized Officer: **Manager**

Telephone number of Authorized Officer: **419-899-2121**

Study Area Code of Reporting Carrier

300656

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: SYCAMORE TEL CO

Signature of Authorized Officer: **Steven Ekleberry**

Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Steven Ekleberry

Title or position of Authorized Officer: General Manager/Treasurer

Telephone number of Authorized Officer: 419-927-6012

Study Area Code of Reporting Carrier

300658

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: TELEPHONE SERVICE

Signature of Authorized Officer: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier

300659

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: VAUGHNSVILLE TEL CO

Signature of Authorized Officer: **Martha Kaplan**

Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Martha Kaplan

Title or position of Authorized Officer: Manager/Secretary/Treasurer

Telephone number of Authorized Officer: 419-646-3431

Study Area Code of Reporting Carrier

300663

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WABASH MUTUAL TEL CO**

Signature of Authorized Officer: **Mike Boley**

Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Mike Boley**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **419-942-1111**

Study Area Code of Reporting Carrier

300664

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Bloomingdale Telephone Company Inc.			
Signature of Authorized Officer: 			Date: 05/19/2014
Printed name of Authorized Officer: Mark Bahnson			
Title or position of Authorized Officer: CEO/General Manager			
Telephone number of Authorized Officer: (269) 521-7316 ext.			
Study Area Code of Reporting Carrier	310679	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: ALLBAND COMM COOP					
Signature of Authorized Officer: Ron Siegel				<small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop,l= , Date:5/18/2014</small>	
Date: 5/18/2014					
Printed name of Authorized Officer: Ron Siegel					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 989-369-9999					
Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ACE-MI ALLENDALE

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi allendale,l=Houston MN 55943-0360, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier

310669

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BARAGA TEL CO**

Signature of Authorized Officer: **Paul Stark**

Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Paul Stark**

Title or position of Authorized Officer: **President**

Telephone number of Authorized Officer: **906-353-6644**

Study Area Code of Reporting Carrier

310675

Filing Due Date for this form (mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BARRY COUNTY TEL CO**

Signature of Authorized Officer: **David Stoll**

Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,I=Delton MI 49046, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **David Stoll**

Title or position of Authorized Officer: **VP/GM/COO**

Telephone number of Authorized Officer: **269-623-9971**

Study Area Code of Reporting Carrier

310676

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.